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Atty Docket No. 006969-022311US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Jon M. Bass

Group Art Unit 3639

OFFICIAL COMMUNICATION

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CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of J.P. Leon et al., Application No. 09/902,479, filed July 9, 2001 for METHOD AND SYSTEM FOR A USER OBTAINING STAMPS OVER A COMMUNICATION NETWORK are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Request for Continued Examination Transmittal (1 pg.)
2. Transmittal Form (1 pg.)
3. Petition for Extension of Time (1 pg. in duplicate)
4. Amendment (8 pgs.)

Number of pages being transmitted, including this page: 13

Dated: October 6, 2006

Alicia Martell
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number	09/902,479
Filing Date	July 9, 2001
First Named Inventor	Brown, Jr., L. Carlton
Art Unit	3639
Examiner Name	Jon M. Bass
Total Number of Pages in This Submission	006969-022311US

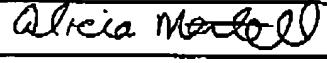
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Request for Continued Examination Transmittal
<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
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